

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214524619		
1.) CORPORATION NAME: THE NATURE CONSERVANCY				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: NATIONAL REGISTERED AGENTS INC 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA		DUE DATE: 6/30/2014 SCC ID NO: F0148728 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table>	CLASS	AUTHORIZED
CLASS	AUTHORIZED			
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY				
4.) STATE OR COUNTRY OF INCORPORATION: DC				
6.) PRINCIPAL OFFICE ADDRESS: <div style="text-align: center;"> ADDRESS: ATTN: LEGAL DEPARTMENT 4245 NORTH FAIRFAX DRIVE CITY/ST/ZIP: ARLINGTON, VA 22203-1606 </div>				
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.				
NAME: MARK TERCEK TITLE: PRESIDENT ADDRESS: 4245 N. FAIRFAX DR CITY/ST/ZIP/CO: ARLINGTON, VA 22203-1606	<input checked="checked" type="checkbox"/> OFFICER	<input checked="checked" type="checkbox"/> DIRECTOR		
NAME: STEPHEN HOWELL TITLE: VICE PRESIDENT ADDRESS: 4245 NORTH FIARFAX DR CITY/ST/ZIP/CO: ARLINGTON, VA 22203-1637	<input checked="checked" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR		
NAME: MUNEEER SATTER TITLE: TREASURER ADDRESS: 4245 NORTH FAIRFAX DRIVE CITY/ST/ZIP/CO: ARLINGTON, VA 22203	<input checked="checked" type="checkbox"/> OFFICER	<input checked="checked" type="checkbox"/> DIRECTOR		
NAME: TERESA BECK TITLE: DIRECTOR ADDRESS: 4245 N. FAIRFAX DR CITY/ST/ZIP/CO: ARLINGTON, VA 22203	<input type="checkbox"/> OFFICER	<input checked="checked" type="checkbox"/> DIRECTOR		
NAME: STEVEN A. DENNING TITLE: DIRECTOR ADDRESS: 4245 N. FAIRFAX DR CITY/ST/ZIP/CO: ARLINGTON, VA 22203	<input type="checkbox"/> OFFICER	<input checked="checked" type="checkbox"/> DIRECTOR		
NAME: FRANK E. LOY TITLE: SECRETARY ADDRESS: 4245 N. FAIRFAX DR CITY/ST/ZIP/CO: ARLINGTON, VA 22203	<input checked="checked" type="checkbox"/> OFFICER	<input checked="checked" type="checkbox"/> DIRECTOR		

NAME:	ANITA DRUMMOND	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	4245 NORTH FAIRFAX DR		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	CLAUDIA MADRAZO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4245 N. FAIRFAX DR		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	DAVID BLOOD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4245 N. FAIRFAX DR		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	SHONA L. BROWN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4245 N. FAIRFAX DR		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	GRETCHEN C. DAILY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4245 N. FAIRFAX DR		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	JOSEPH H. GLEBERMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4245 NORTH FAIRFAX DR		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	JEREMY GRANTHAM	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4245 N. FAIRFAX DR		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	JACK MA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4245 N. FAIRFAX DR		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	CRAIG O. MCCAWE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	4245 N. FAIRFAX DR		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	THOMAS J. MEREDITH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4245 N. FAIRFAX DR		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	THOMAS MIDDLETON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4245 N. FAIRFAX DR		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		

NAME:	ANA PARMA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4245 N. FAIRFAX DR		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	STEPHEN POLASKY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4245 N. FAIRFAX DR		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	JAMES E. ROGERS JR.	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	4245 N. FAIRFAX DR		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	THOMAS J. TIERNEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4245 N. FAIRFAX DR		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	MOSES TSANG	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4245 N. FAIRFAX DR		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	FRANCES ULMER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4245 N. FAIRFAX DR		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	P. ROY VAGELOS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4245 NORTH FAIRFAX DR		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	MARGARET C. WHITMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4245 N. FAIRFAX DR		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ ANITA DRUMMOND	ANITA DRUMMOND, ASST	5/9/2014	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY	DATE	
	PRINTED NAME AND CORPORATE TITLE		
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			